

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



| | |
|--------------|---------------|
| Permit #: | 19-0269 |
| Date: | 8-13-19 |
| Amount Paid: | \$129 7-15-19 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

| | | | |
|--|---|---|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input checked="" type="checkbox"/> OTHER Building Permit | | | |
| Owner's Name: Michael Vespasiano & Dana Hazel | Mailing Address: 5209 Beard Avenue South | City/State/Zip: Minneapolis, MN 55410 | Telephone: _____ |
| Address of Property: 3625 Twin Bay Road | City/State/Zip: Barnes, WI 54873 | Cell Phone: 612-747-7052 | |
| Contractor: Justin Christenson | Contractor Phone: 715-580-0367 | Plumber: _____ | Plumber Phone: _____ |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Agent Phone: _____ | Agent Mailing Address (include City/State/Zip): _____ | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT LOCATION | Legal Description: (Use Tax Statement) | Tax ID# 1988 | Recorded Document: (Showing Ownership) _____ |
| _____ 1/4, _____ 1/4 | Gov't Lot 2 & 3 | Lot(s) _____ | CSM _____ |
| Section 16 , Township 44 N, Range 9 W | Town of: Barnes | Lot Size _____ | Acreage 2.2 acres |

| | | | | |
|---|--|--|---|---|
| <input checked="" type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : Approx 85 feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|---|---|--|---------------------------------------|---|--|
| \$43,000 | <input type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input checked="" type="checkbox"/> Basement | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input checked="" type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: Septic | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> _____ |

| | | | |
|---|------------------------|-----------------------|----------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: _____ | Width: _____ | Height: _____ |
| Proposed Construction: | Length: 20 feet | Width: 10 feet | Height: 17 ft |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2 nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2 nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input checked="" type="checkbox"/> | Addition/Alteration (specify) Please see description | (10 X 20) | 200 |
| | <input type="checkbox"/> | Accessory Building (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Dana K Hazel & Michael Vespasiano**
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date **July 12, 2019**

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

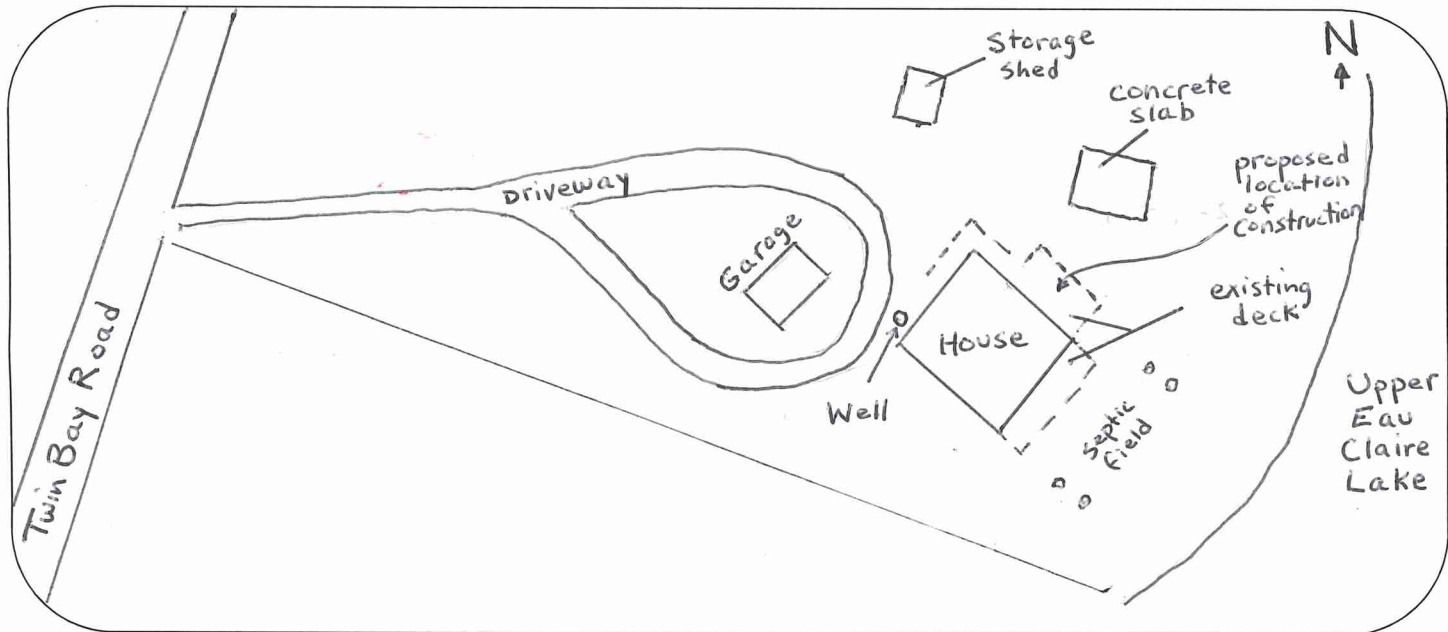
Address to send permit _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point) *from proposed structure*

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | > 600 Feet | Setback from the Lake (ordinary high-water mark) | 85 Feet |
| Setback from the Established Right-of-Way | | Setback from the River, Stream, Creek | |
| | | Setback from the Bank or Bluff | |
| Setback from the North Lot Line | 125 Feet | Setback from Wetland | |
| Setback from the South Lot Line | 67 Feet | 20% Slope Area on the property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the West Lot Line | > 600 Feet | Elevation of Floodplain | |
| Setback from the East Lot Line | 85 Feet | | |
| Setback to Septic Tank or Holding Tank | | Setback to Well | > 30 Feet |
| Setback to Drain Field | 15 Feet | | |
| Setback to Privy (Portable, Composting) | | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|--|---|---|---|-------------------------------|
| Issuance Information (County Use Only) | | Sanitary Number: <u>46 7343</u> | # of bedrooms: <u>3</u> | Sanitary Date: <u>8/22/05</u> |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: <u>19-0269</u> | | Permit Date: <u>8-13-19</u> | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Deed of Record) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mitigation Required |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mitigation Attached |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Affidavit Required |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Case #: | | Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Inspection Record: | | Zoning District (<u>RR-B</u>) | | |
| Date of Inspection: <u>7/20/19</u> | | Lakes Classification (<u>1</u>) | | |
| Inspected by: <u>[Signature]</u> | | Date of Re-Inspection: | | |
| Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No – (If <u>No</u> they need to be attached.) | | | | |
| Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. <i>Must meet and maintain setbacks.</i> | | | | |
| Signature of Inspector: <u>[Signature]</u> | | Date of Approval: <u>8/13/19</u> | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | |

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **Flows & Loads**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0269** Issued To: **Michael Vespasiano & Dana Hazel**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **16** Township **44** N. Range **9** W. Town of **Barnes**

Part in

Gov't Lot **2 & 3** Lot Block Subdivision CSM#

For: Residential Addition / Alteration: [2 - Story; Covert Deck into 4 Season Room with Basement (10' x 20') = 200 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 13, 2019

Date

**APPLICATION FOR
RECREATIONAL VEHICLE**

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

RECEIVED
APR 22 2019

Bayfield Co. Zoning Dept.

Office Use:

Zoning District/Lakes Class _____

Application No. 19-0274

Date 8-14-19

Fee Paid \$25 4-23-19

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Property Owner Wanda Lombardo
Mailing Address 130 South 8th St
Barron WI 54812
Telephone 715-808-1523

Property Address 54710 Dana Rd
of RV placement. Barnes, WI 54873

Agent: _____

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request:

1/4 of 1/4 of Section 23 Township 45 N. Range 09 W. Town of Barnes, WI

Gov't Lot _____ **Lot** _____ **Block** _____ **Subdivision** _____ **CSM #** _____

Volume _____ **Page** _____ **of Deeds** **Parcel I.D. #** _____ **Acreage** 5.700

Additional Legal Description: _____

ATTACH
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☐ No ☐ If Yes, Distance from Shoreline: 75' or greater ☐ < 75' to 40' ☐ less than 40' ☐

RV: New ☒ Replacement ☐

Year: 1990 **Vin #:** 1EC3V3522L9515389

Make of RV: Prowler

Model of RV: Travel TRL

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Zoning District/Lakes Class: _____

Permit Issued: _____ **Sanitary Number** _____ **Date** _____

Issuance Date 8-14-19 **Permit Number** 19-0274 **Permit Denied (Date)** _____

Reason for Denial: _____

Inspection Record: RV's To be 63 ft from center line of Town Rd
7/11/19 **By** AP **Date of Inspection** _____

Variance (B.O.A.) # _____

Condition: RV may be placed up to 4 months from issuance date. **Must be removed by:** 12-12-19

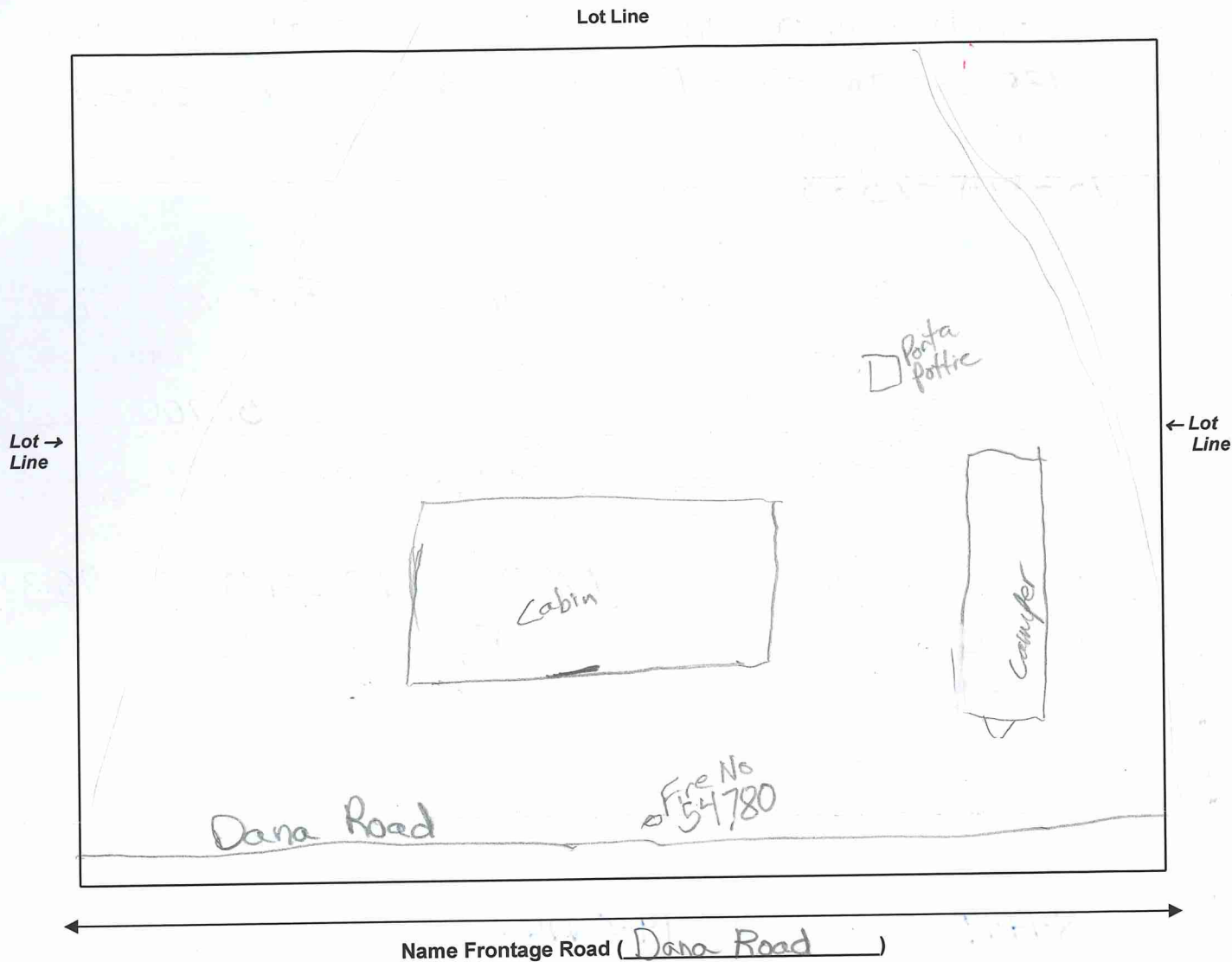
Signed AP
Inspector

8/9/19
Date of Approval

and use frontage road as a guideline, and indicate North (N) on plot plan
3. Show the RV (Recreation Vehicle) location
Show dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan is Necessary

- a. RV from centerline of road(s).
- b. RV from right-of-way line
- c. RV from property lines
- d. RV from lake, river, stream or pond
- e. RV from Privy



NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent _____ Date _____

Address to send permit _____

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – Privy already on site
SIGN
SPECIAL
CONDITIONAL
BOA

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0274**

Issued To: **Wanda Lombardo & Adam Mayte**

Part of the

Location: **SE** $\frac{1}{4}$ of **NW** $\frac{1}{4}$ Section **23** Township **45** N. Range **9** W. Town of **Barnes**
& SW NW

Gov.t Lot

Lot

Block

Subdivision

CSM#

For: **Recreational Vehicle (RV)**

Make: **Prowler** Model #: **Travel TRL** Vehicle #: **1EC3V3522L9515389** Year: **1990**

(Disclaimer): Any future expansions or development would require additional permitting.

May not be used for permanent residence

Condition: **Allowed for 4 month**

Must be removed by December 12, 2019

NOTE: Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 14, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
AUG 03 2018
Bayfield Co. Zoning Dept



| | |
|--------------|----------------------------|
| Permit #: | 19-0277 |
| Date: | 8-16-19 |
| Amount Paid: | #175 8-3-18 #175 8-3-18 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

ATF

FILL OUT IN INK (NO PENCIL)

| | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------------------------|--|--------------------------------|--|--|--|---|--|---|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED → | | <input type="checkbox"/> LAND USE | | <input type="checkbox"/> SANITARY | | <input type="checkbox"/> PRIVY | | <input type="checkbox"/> CONDITIONAL USE | | <input checked="" type="checkbox"/> SPECIAL USE | | <input type="checkbox"/> B.O.A. | | <input type="checkbox"/> OTHER | |
| Owner's Name: Leon Landing Cabin, LLC Ted and Ann Zess | | | | Mailing Address: N8305 Weber Rd | | | | City/State/Zip: East Troy, WI 53120 | | | | Telephone: 262-642-2026 | | | |
| Address of Property: 50345 Peninsula Road | | | | City/State/Zip: Barnes, WI 53120 | | | | Cell Phone: 414-588-8680 | | | | | | | |
| Contractor: - | | | | Contractor Phone: - | | | | Plumber: - | | | | Plumber Phone: - | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) - | | | | Agent Phone: - | | | | Agent Mailing Address (include City/State/Zip): - | | | | Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | | | | | Tax ID# 1799 | | Recorded Document: (Showing Ownership) | | | | | |
| 1/4, 1/4 | | Gov't Lot 2 | | Lot(s) | | CSM | | Vol & Page 1149 466 349 | | CSM Doc # | | Lot(s) No. | | Block(s) No. | |
| Section 10, Township 44 N, Range 09 W | | Town of: Barnes | | Lot Size 1.84 Acres | | Acreage | | | | | | | | | |

| | | | | |
|---|---|--|---|---|
| <input checked="" type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : 100 feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|---|---|--|---------------------------------------|---|--|
| \$ - | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Conv. | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> _____ | <input type="checkbox"/> Use | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> _____ |
| | <input checked="" type="checkbox"/> Short Term Rental | <input type="checkbox"/> _____ | <input type="checkbox"/> Year Round | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> _____ |
| | | | | | <input type="checkbox"/> None | |

| | | | |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: | Width: | Height: |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | | | | |
| | <input checked="" type="checkbox"/> | Special Use: (explain) Short Term Rental | (X) | 2400 |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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Owner(s): Del R Zess
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 7-31-18

Authorized Agent: [Signature]
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit: N8305 Weber Road, East Troy, WI 53120

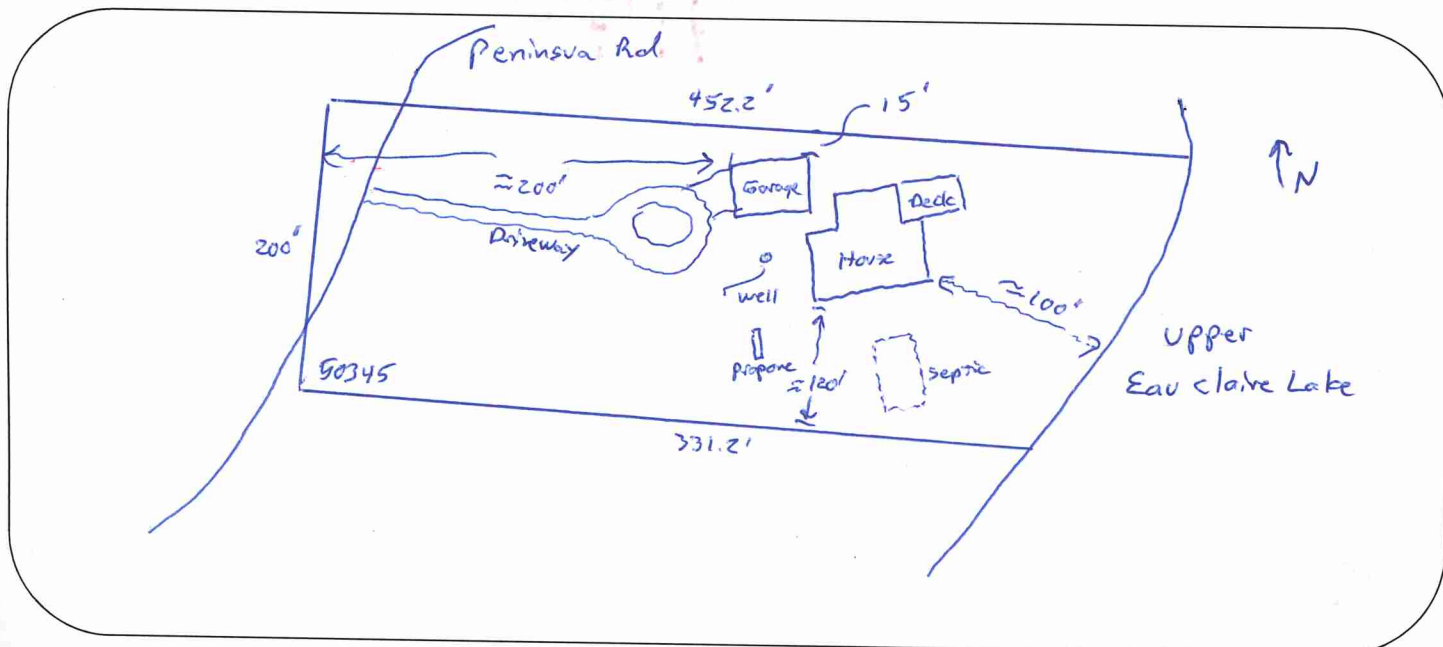
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | ≈ 100 Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 15 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | ≈ 120 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | ≈ 200 Feet | 20% Slope Area on the property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | ≈ 120 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | ≈ 100 Feet |
| Setback to Drain Field | ≈ 50 Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | | |
|---|---|--|---|---|---|--|---|
| Issuance Information (County Use Only) | | Sanitary Number: 19-365 | # of bedrooms: 4 | Sanitary Date: 6/12/19 | | | |
| Permit Denied (Date): | | Reason for Denial: | | | | | |
| Permit #: 19-0277 | | Permit Date: 8-16-19 | | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Fused/Contiguous Lot(s) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | Case #: | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Was Parcel Legally Created | | Were Property Lines Represented by Owner | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Was Proposed Building Site Delineated | | Was Property Surveyed | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Inspection Record: | | Zoning District: (R-1) | | Lakes Classification: () | | | |
| Date of Inspection: 7/11/2018 | | Inspected by: [Signature] | | Date of Re-Inspection: | | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) | | Condition: Maximum occupancy limited to 4 Bedrooms or sleeping areas based upon septic system design for the dwelling. Must contact Bayfield County Health Dept for licensing as required by State Statute and contact Town regarding room tax. | | Date of Approval: 8/12/19 | | | |
| Signature of Inspector: [Signature] | | Hold For Sanitary: <input type="checkbox"/> _____ | | Hold For TBA: <input type="checkbox"/> _____ | | Hold For Affidavit: <input type="checkbox"/> _____ | |
| | | Hold For Fees: <input type="checkbox"/> _____ | | | | | |

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **19-36S**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0277** Issued To: **Loon Landing Cabin LLC / Ted & ann Zess, Agents**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **10** Township **44** N. Range **9** W. Town of **Barnes**

Par G & H in

Gov't Lot **2** Lot Block Subdivision CSM#

For: **Residential Other: [1- Story; 1 – Unit; Short-term Rental]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Maximum occupancy limited to 4 bedrooms or sleeping areas based upon septic system design for the dwelling. Must contact Bayfield County Health Department for licensing as required by State Statute and contact Town regarding room tax.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 16, 2019

Date